2005 Accreditation Process

Behavioral Health Care

Priority Focus Process

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Overview of Priority Focus Process

- PFP provides the process and infrastructure for the purpose of
  - Converting pre-onsite survey data into information
  - Focusing on-site survey activities
  - Customizing the accreditation process

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Priority Focused Process

- PFP uses automation to gather pre-survey data from multiple sources
  - Joint Commission data (Office of Quality Monitoring)
  - Aggregate survey data
  - Data supplied by the organization (Application for Accreditation)
  - In future publicly available BHC information

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Priority Focused Process

- PFP then applies “rules” to identify
  - Potential processes and service groups to address
  - Relevant standards
  - Appropriate on-site survey activities

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Priority Focus Process: Outputs – Priority Focus Areas

- PFP will display an organization's Priority Focus Areas (PFA)
- Priority Focus Areas are processes, systems or structures in a behavioral health care organization that significantly impact quality and safety of care, treatment and services
- Surveyors will use priority focused areas to
  - Plan on-site survey activity
  - Plan tracer focus areas and potential relevant standards

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PFP Information

- Includes top 4-5 priority focus areas specific to organization
- Organizations will have access to their PFP information (on extranet) at 15-month point with Periodic Performance Review and 1-2 weeks prior to survey

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Priority Focus Areas Include

- Assessment and Care/Service
- Communication
- Staff Competence
- Infection Control
- Information Management
- Medication Management
- Organization Structure
- Orientation and Training
- Rights and Ethics
- Physical Environment
- Quality Improvement Expertise and Activity
- Client Safety

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On-site Survey Process

- On-site survey agenda is in sync with organization's normal operational systems
- Attention to actual provision of care, treatment, and services
- On-site survey process is customized to settings, services and populations served by organization

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Survey Activities

- Opening Conference and Orientation
- Survey Planning Session
- Individual Tracer Activity
- System Tracer Activity
- Special Issue Resolution
- Daily Briefing
- Competence Assessment Process

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Survey Activities

- Review of Measures of Success from PPR- when applicable
- Leadership
- CEO Exit Conference
- Organization Exit Conference

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Service Groups

- Clinical Service Groups are clients/programs of a behavioral health care organization identified in the application and drawn from the setting, and populations specified in the applicability table

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Objectives of Tracer Activity

- Follow course of care, treatment and services provided to a client
- Assess relationships among staff and functions
- Evaluate performance of processes relevant to the client

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System Tracer Activities

- Provide a forum for discussion of important topics related to the safety and quality of care, treatment and services at the systems level
- Relate to organization findings and structure
- Allow exchange of educational information on key topics including
  - Use of data
  - Medication management
  - Infection control

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Tracer Activity

- Comprises 50-60 percent of on-site survey time
- Will be approximately 90 minutes in length (but can be up to 3 hours)
- Starts in the program/services/setting where tracer client is located
- May include sequential following of the course of care – but no mandated order for visits to other care areas

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Tracer Visits May Include

- Observation of direct care
- Observation of care planning process
- Client or family interview
- Review of additional records as needed
- Staff level interaction
  - Performance measurement
  - Daily roles and responsibilities
  - Training and orientation
- Review of policies and procedures as needed

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Periodic Performance Review

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Tips for the PPR

- Read the user guide
- Check applicability table
- If unsure of applicability, leave unscored and discuss with standard representative
- Develop separate plans of action and measure of success (when required)
- When in doubt, score it out—material for discussion
- Take full advantage of conference call time for questions

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Provision of Care

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PC Overview

- Four core processes for care, treatment, and services:
  - Assessing (client needs)
  - Planning
  - Providing
  - Coordinating

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Entry

- Organization
  - Establishes criteria to determine entry eligibility
  - Defines minimum info to determine eligibility
  - Defines appropriate professionals and settings needed
  - Makes entry decisions

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PC.1.10
Entry

- Client acceptance by organization
  - Eligibility
  - Client populations served
  - Criteria
  - Procedures
  - Processes for accepting referrals

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Assessment

- Three processes
  - Collecting data
  - Analyzing data
  - Making decisions
- Screening or assessment
  - Defined by organization
  - Individualized
  - Special populations

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PC.2.10
Harm to Self or Others

- Initial screening process determines the need for immediate intervention to protect client or others

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PC.2.40 Non-24-Hour Care Programs

- Have written procedures addressing physical health screening
  - Specify: data to be collected, responsible staff, time frame, and decision criteria for determining need for a physical examination
  - LIP participate in developing the physical health screening procedure

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PC.2.50
Process to Obtain Histories, Exams, Tests

- Diagnostic testing
  - Psychological
  - Medical
  - Laboratory
  - Can be integral to the assessment process

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PC.2.60* Psychosocial Assessment

- Define in writing data and information gathered
- Family members participation

*Top compliance issue for all of 2003

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PC.2.70 Emotional and Behavioral Assessment

- Define in writing the information gathered

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Educational Status Screening

- Identifies clients for whom a more in-depth assessment is indicated
  - Identified clients are either assessed or referred for assessment

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PC.2.100
Legal Status Screening

- Identifies clients for whom a legal assessment is indicated
- Identified clients are either assessed or referred for assessment

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PC.2.110* Nutritional Screening

- Identifies clients who may be at moderate or high nutritional risk
- Identified clients are either assessed or referred for assessment by a qualified professional

*Top compliance issue for all of 2003

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PC.2.140 Initial Screening and Assessments

- Per organization policy
- Conducted within the time frame specified by client's needs, organization policy, and law and regulation

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PC.2.150 Reassessment

- Response to care, treatment, and services
- Significant change in status and diagnosis/ condition
- Legal or regulatory requirements
- Meet time intervals

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PC.3.10
Victims of Abuse

- Criteria for identification
- Context of law
- Staff education

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Additional Standards for Children/Youth

PC.9.30 Assess Children/Youth Needs

- Include:
  - Family's effect on child's/youth's needs and the effect of those needs on the family
  - Legal custody status
  - Use of a developmental perspective in evaluating all aspects of functioning
  - Normative development for chronological age

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Planning Care, Treatment and Services

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Planning Care, Treatment, and Services

PC.4.20
Client's Assessed Needs

- Based on information from the assessment
- Decisions are collaborative and interdisciplinary when more than discipline involved in client's care, treatment, and services
- Planning includes identifying specific objectives for the identified goals

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PC.4.30
Preliminary Plan

- May be formulated and interventions underway to address immediate needs while full detailed assessments and planning are done
- Developed as soon as possible after initial contact

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PC.4.40
Plan of Care, Treatment, and Services

- Reflects assessed needs, strengths, and limitations

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PC.4.50 & PC.4.60 Client Participation & Family Involvement

- Organization involves clients and when appropriate families in care, treatment, and service decisions
- Clients encouraged to express views and make choices about the plan of care, treatment, and services

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PC.4.80
Activity Services

- Specific to the client's plan for care, treatment, and services
- Scope and depth are carefully matched with client's needs
  - Balanced with free time and opportunity for additional therapeutic interaction with staff

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PC.4.90 Referrals

- Are made to an outside source when services needed are not provided directly
- Based on assessment of need
- Concurrent care, treatment, and service issues integral to meeting goals and objectives are reflected in the plan for care, treatment, and services

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Planning Care, Treatment and Services

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PC.5.60
Providing Care

- Individual – according to plan
- Consistency with scope of care
- Internal and external resources
- Coordination between providers and settings

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Education

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PC.6.10 Education Specific to Needs

- Clients given information to
  - Make decisions
  - Take responsibility
- Clients and family educated
  - Improve outcomes

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PC.6.30
Education and Training

- Specific to client's abilities
- Learning styles vary
- Ability to learn can be affected by many factors
  - Individual learning preferences
  - Readiness to learn
- Tailor to meet needs and abilities

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PC.6.60 Continuity

- Organization
  - Facilitates communication with the school about past academic functioning and achievement
  - Promotes regular communication
  - Work to ensure consistent intervention

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PC.8.10*
When Pain is Identified & Treated

- Pain assessed
  - Directly
  - By referral

*Top compliance issue for all of 2003

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Discharge or Transfer from the Organization

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PC.15.10
Discharge or Transfer

- Process addresses needs after discharge or transfer

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PC.15.20
Discharge or Transfer

- Different level of care, treatment or service
  - How will needs be met
  - How to access services

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PC.15.30
Discharge or Transfer

- Information exchanged with other service providers
  - Facilitates continuity of care

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Improving Organization Performance

What to Measure

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Why Measure, Aggregate and Analyze

- Tell how to improve our processes so that our children/families can get better
- Transforms data into information
- Make informed judgments about the stability of existing processes or a outcome's predictability in relation to performance expectations
- Identify opportunities for incrementally improving processes
- Identify the need to redesign processes
- Decide if improvements or redesign of processes meet objectives

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Measure

- Required
- Considered

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Measures You Can Use: Data Based Decision Questions

- Required measures
  - JCAHO
  - Army P & P
- Measures related to mission and scope of services

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Selecting The Measures

- Organizational context
  - Organizational culture committed to data based decision making
  - Technical and management systems interdependent and well integrated
  - Support by top levels of management

- Matching measures to your needs
  - Measure what reflects your vision and mission

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Measures and your Mission

- Quality
  - How do you know children/families are improving or at least maintaining functional level
- Coordinated
  - How can you tell if children/families can get needed services
- Responsive

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Measures You Can Use: Data Based Decision Questions

- Which measures will tell you about how your consumers are doing
  - High risk, high volume, problem prone
- Which measures will tell you about how your agency is doing
  - Access; productivity; length of stay
  - Grievances per level of resolution
  - Incident reports per level of involvement
  - HIPAA related privacy/security violations

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Measures You Can Use: Data Based Decision Questions

- Measures related to documentation review process
  - Adequacy of documentation
  - Quality of documentation
  - Fidelity of processes
- Benchmarking with other providers
  - How do you compare with sister agencies

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Useful Resources

- Using Performance Measurement to Improve Outcomes in Behavioral Health – JCR Publication
- Cost-Effective Performance Improvement in Behavioral Health Care – JCR Publication
- Joint Commission Journal on Quality and Safety – JCR Periodical
- Measuring and Improving Cost, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs: A Manual - accessible for free on the NIDA web page – www.nida.nih.gov

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Management of Human Resources

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Overview

- Goal
  - To ensure that the organization determines the qualifications and competencies for all staff positions
  - Qualifications and competencies based on:
    - Mission, population(s), care, treatment and services

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Overview

- Goal
  - Organizations must meet clients' needs by providing the right number of competent staff

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Overview

- Goals are met by the following processes and/or activities
  - Providing an adequate number of staff
  - Providing competent staff
  - Orienting, training and educating staff
  - Accessing, maintaining, and improving staff competence

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HR.1.10 Planning

- The organization provides
  - Adequate number and staff mix
    - Consistent with staffing plan as presented by the organization

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HR.1.20 Planning

- The organization has a process
  - Ensures a person's qualifications
    - Qualifications are consistent with the employee's job responsibilities

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HR.2.10 Orientation, Training and Education

- Initial job training and information is provided through the orientation process

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HR.2.20 Orientation, Training, and Education

- Staff members, students, and volunteers
  - Describe and demonstrate their roles and responsibilities
    - Based on specific job duties
    - Relative to safety

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HR.2.30 Orientation, Training, and Education

- Ongoing Education
  - Maintains and improves competence
    - Includes:
      - In-services
      - Training
      - Other activities

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HR.3.10
Competence Assessment

- Systematic and measurable
- Information may include
  - Data from performance evaluations
  - Performance improvement
  - Aggregate data on competency
  - Assessment of learning needs

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HR.3.20 Competence Assessment

- Performance evaluations
  - Conducted on an ongoing basis
  - Provides positive and negative feedback to staff, students, and volunteers
- Formal performance evaluations can be conducted concurrently with competence assessments or at separate time

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Licensed Independent Practitioner (LIP)

Definition –

Any practitioner permitted by law and the organization to provide care and services, without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities

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Job Descriptions versus Defined Clinical Responsibilities

Job Descriptions

- For staff who you *do not* define as LIPs (such staff require clinical supervision)
- Verification of credentials
- Initial and periodic reassessment of competence
  - One in three year cycle
- Usual associated terms – job descriptions, probation, performance evaluations

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Job Descriptions versus Defined Clinical Responsibilities

Defined Clinical Responsibilities

- For staff who you *do* define as LIPs (LIPs do not require clinical supervision)
- Professional Criteria
  - Current licensure *(Primary source* verification)
  - Relevant education training and experience
  - Current competence
  - Ability to perform requested clinical responsibilities

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Job Descriptions versus Defined Clinical Responsibilities

Defined Clinical Responsibilities

- Clinical responsibilities are assigned by the appropriate authority
- The process must be performed at least every two years
  - Primary source verification of credentials of LIPs
  - Competence assessment
  - Approval by appropriate authority
- Usual associated terms – credentialing, temporary clinical responsibilities, renewal of clinical responsibilities, primary source verifications

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HR. 4.10 Competence Assessment of LIPs

- Competence of all practitioners
  - There is a process for ensuring competence
    - Process is defined
    - Approved by leaders
  - Includes all practitioners permitted by law and the organization to practice independently

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HR. 4.20
Clinical Responsibilities

- Individuals permitted by law and the organization to practice independently are assigned clinical responsibilities
  - Criteria for determining the responsibilities are specified
  - Uniformly applied to all LIPs
  - Approved by the governance function

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HR.5.20 Competency Requirements for Special Populations

- Staff responsible for providing services for children or youth are competent to do so

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Competency Requirements for Special Populations

- Staff responsible for providing services for persons with developmental disabilities are competent to do so

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Management of Information

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IM.6.10
Client-Specific Information

- Complete and accurate clinical/case record kept for every individual assessed or treated
- Information
  - Facilitates client care
  - Serves as financial and legal record
  - Aids in research
  - Supports decision analysis
  - Guides professional and organization performance improvement
  - Paper or electronic format

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IM.6.20
Client-Specific Information

- Records contain all pertinent, specific client care information
- Clinical summaries of care, treatment or services received elsewhere included
- Appropriate summaries of care, treatment or services and other documents forwarded to other care providers, when appropriate

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2005 National Patient Safety Goals

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2005 National Patient Safety Goals

- Goal 1: Improve the accuracy of client identification
  - Requirement 1A: Use at least two client identifiers (neither to be the room number) whenever administering medications, taking blood samples and other specimens for clinical testing, or providing any other procedures (scored at PC.5.10, EP 4)

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2005 National Patient Safety Goals

- Goal 2: Improve the effectiveness of communication among caregivers
  - Requirement 2A: For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result “read-back” the complete order or test result (scored at IM.6.50, EP 4)

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2005 National Patient Safety Goals

- Goal 2: Improve the effectiveness of communication among caregivers
  - Requirement 2B: Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization (scored at IM.3.10, EP 2)

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2005 National Patient Safety Goals

- Goal 2: Improve the effectiveness of communication among caregivers
  - Requirement 2C: Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values (new) (scored at the requirement)

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2005 National Patient Safety Goals

- Goal 3: Improve the safety of using medications
  - Requirement 3B: Standardize and limit the number of drug concentrations available in the organization (scored at MM.2.20, EP 8)

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2005 National Patient Safety Goals

- Goal 3: Improve the safety of using medications
  - Requirement 3C: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs (new) (scored at requirement)

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2005 National Patient Safety Goals

- Goal 5: Improve the safety of using infusion pumps
  - Requirement 5A: Ensure free-flow protection on all general-use intravenous infusion pumps used in the organization (scored at requirement)

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2005 National Patient Safety Goals

- Goal 7: Reduce the risk of health care-associated infections
  - Requirement 7A: Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines when providing services to a high-risk population, or administering physical care (scored at IC.4, EP 2)

Organizations are required to comply with 1A, 1B, and 1C CDC recommendations or requirements (http://www.cdc.gov/handhygiene/)

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2005 National Patient Safety Goals

- Goal 7: Reduce the risk of health care-associated infections
  - Requirement 7B: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection (scored at the requirement)

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2005 National Patient Safety Goals

- Goal 8: Accurately and completely reconcile medications across the continuum of care
  - Requirement 8A: During 2005, for full implementation by January 2006, develop process for obtaining and documenting a complete list of client's current medications upon entry to organization and with client's involvement
    - Process provides for comparing medication provided by organization to those on the list (new) (scored at requirement)

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2005 National Patient Safety Goals

- Goal 8: Accurately and completely reconcile medications across the continuum of care
  - Requirement 8B: A complete list of the client's medications is communicated to the next provider of service when it refers or transfers a client to another setting service, practitioner, or level of care within or outside the organization (new) (scored at requirement)

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Questions?

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